



A Brief Report on Systemic Challenges in Maternal Medicine: A Case Study of Mozambique

Carlos Nhampule^{1,2}, João Muianga³, Isabel Mungói³, Ana Macuácuá⁴

¹ Pedagogical University of Mozambique (UP)

² Eduardo Mondlane University (UEM), Maputo

³ Catholic University of Mozambique

⁴ Instituto Nacional de Investigação Agrária (INIA)

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Correspondence: cnhampule@yahoo.com

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Author notes

Carlos Nhampule is affiliated with Pedagogical University of Mozambique (UP) and focuses on Medicine research in Africa.

João Muianga is affiliated with Catholic University of Mozambique and focuses on Medicine research in Africa.

Isabel Mungói is affiliated with Catholic University of Mozambique and focuses on Medicine research in Africa.

Ana Macuácuá is affiliated with Instituto Nacional de Investigação Agrária (INIA) and focuses on Medicine research in Africa.

Abstract

Maternal health outcomes in many sub-Saharan African nations remain below global targets. Mozambique continues to face significant systemic challenges in delivering effective maternal medicine, impacting morbidity and mortality. This brief report presents a focused case study on the persistent systemic challenges within maternal medicine in Mozambique, aiming to identify key barriers to service delivery and care quality. A desk-based review and synthesis of publicly available national health data, policy documents, and peer-reviewed literature was conducted. This qualitative case study analysis focused on identifying recurring systemic themes. The analysis identified a critical and persistent theme of workforce shortages, particularly in rural areas. A recurring finding was the disproportionate concentration of skilled birth attendants in urban centres, leaving vast rural regions severely underserved. Infrastructure gaps and supply chain inconsistencies for essential medicines were also chronic, systemic issues. Maternal medicine in Mozambique is constrained by deep-rooted, systemic challenges that have persisted over time. These interconnected issues in human resources, infrastructure, and supply systems fundamentally limit the reach and quality of care. Future strategies must move beyond isolated interventions to address these systemic failures in an integrated manner. Priorities include sustainable workforce expansion and retention schemes for rural postings, and the strengthening of national supply chain logistics for maternal health commodities. Maternal health, health systems, Mozambique, workforce, access to care, qualitative case study This report provides a synthesised overview of the enduring systemic barriers in Mozambican maternal medicine, offering a focal point for policymakers and programme planners.

Keywords: *Maternal health, Sub-Saharan Africa, Health systems strengthening, Case study, Mozambique, Maternal mortality, Access to healthcare*

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